



Mbewu ducks AIDS deaths

To the Editor: As public health specialists we read with dismay a recent Medical Research Council (MRC) media release,¹ later reprinted in the press,² written by Mbewu in both his personal and official capacities as the interim president of the MRC. Entitled 'Deaths, causes of deaths and rumours of deaths', the piece appeared to be an intervention in a debate on whether the burden of AIDS deaths can be inferred from explicit death certification alone. It asserts, *inter alia*, that 'cause of death information from death certificates are the most reliable and validated measures of mortality and changes in mortality'.

We conclude from the timing of the release that it was produced in anticipation of a report on death certifications by Stats SA requested by President Mbeki and that it was directed, *inter alia*, at a publication by MRC and University of Cape Town researchers of an empirical analysis of death certifications designed to arrive at a complete picture of HIV-related deaths.³

There are many reasons why HIV might not appear on the death certificate of a person who has died an HIV-related death, and a substantial discrepancy between the raw data and the empirical estimate was expected. There is nothing sinister about this discrepancy, nor does there appear to be any conflict of opinion between government statisticians and epidemiologists about the need to apply empirical analysis and demographic modelling to death certificate data to estimate the burden of AIDS deaths needed for public policy making.⁴

Unfortunately, instead of clarifying matters for the public, the media release expends considerable space in defending death certification as a 'gold standard' for public policy making and suggests that it is mainly in developing countries with inadequate death registration coverage that epidemiological analysis is needed. In putting forward this argument the release appears to confuse certification of the fact of death with certification of the medical cause of death, and fails to make the distinction between immediate and underlying cause of death.

Ignorance as to the deceased's HIV infection status and various pressures to maintain confidentiality where such status is known are obvious reasons why a medical practitioner may not certify HIV infection as the underlying cause of death on the death certificate. Further, contrary to what is asserted in the press release, medical practitioners are generally poor at accurate cause-of-death certification to the degree required for epidemiological analysis and public policy.⁵ They have little if any training in such certification. There is a large international literature showing this in relation to many conditions, let alone one attended by as high a degree of fear and stigma as AIDS. To take a local example, a recent study of death certification at a provincial teaching hospital found that 78.9% of 304 deaths in

1 year were certified as due to 'cardiorespiratory failure', an uninformative category.⁶

It is to the credit of the government to have improved death registration coverage and to be able to provide the data to which scientific reasoning and techniques can be applied to get the best estimate of the toll of AIDS and other causes of death. To try to diminish in the eyes of the public the essential role of science in this combined effort is a strange and unfortunate role for the interim president of a science council to play. The effect is to undermine the value of scientific reasoning and an evidence-based approach to public policy that we would expect to be championed by the MRC.

Rodney Ehrlich

Jonny Myers

*Department of Public Health and Family Medicine
University of Cape Town*

David Sanders

*Department of Public Health
University of the Western Cape
Bellville, W Cape*

Sydney Carstens

*Department of Community Health
Stellenbosch University
Tygerberg, W Cape*

1. Mbewu AD. Deaths, causes of deaths and rumours of deaths. South African Medical Research Council Publications. Press release 1 February 2005. www.mrc.ac.za
2. *Business Report*, 21 February 2005: 2.
3. Groenewald P, Nannan N, Bourne D, Laubscher R, Bradshaw D. Identifying deaths from AIDS in South Africa. *AIDS* 2005; **19**: 193-201.
4. Stats SA. Press release: Mortality and causes of death in South Africa, 1997 - 2003. Findings from death notification. 18 February 2005. www.statssa.gov.za
5. Bah S. A note on the quality of medical certification of deaths in South Africa, 1997 - 2001 (Letter). *S Afr Med J* 2003; **93**: 239.
6. Meel BL. Certification of deaths at Umtata General Hospital, South Africa. *Clin Forensic Med* 2003; **10**: 13-15.

Criteria for chronic dialysis

To the Editor: Chronic kidney disease and kidney failure are serious health problems in any society. The fact that these disorders are highly prevalent in our developing country and substantially increase the risk of hypertension and death from cardiovascular disease has made chronic kidney disease an important public health problem for all South Africans. Furthermore, it is recognised that economic disparities and competing public health problems in South Africa have made it far more difficult to formulate a series of standards that could be applicable to all individuals with chronic kidney failure. With the shortage of transplantable organs, dialysis is often the only form of adequate renal replacement therapy. When these patients develop end-stage kidney failure the aim of selection